



KING COUNTY
Healthcare
Coalition

Prepare. Respond. Recover.

King County Healthcare Coalition

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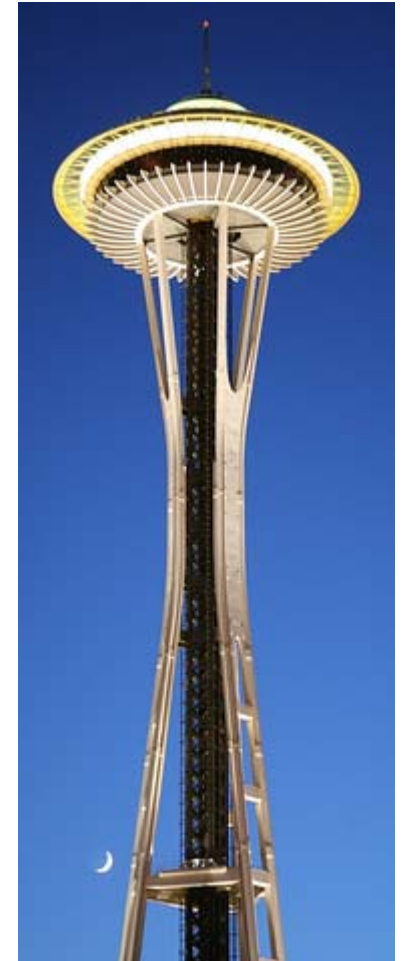
Healthcare Coalition Project Planner

April 11, 2008

DOH Altered Standards of Care Work Group

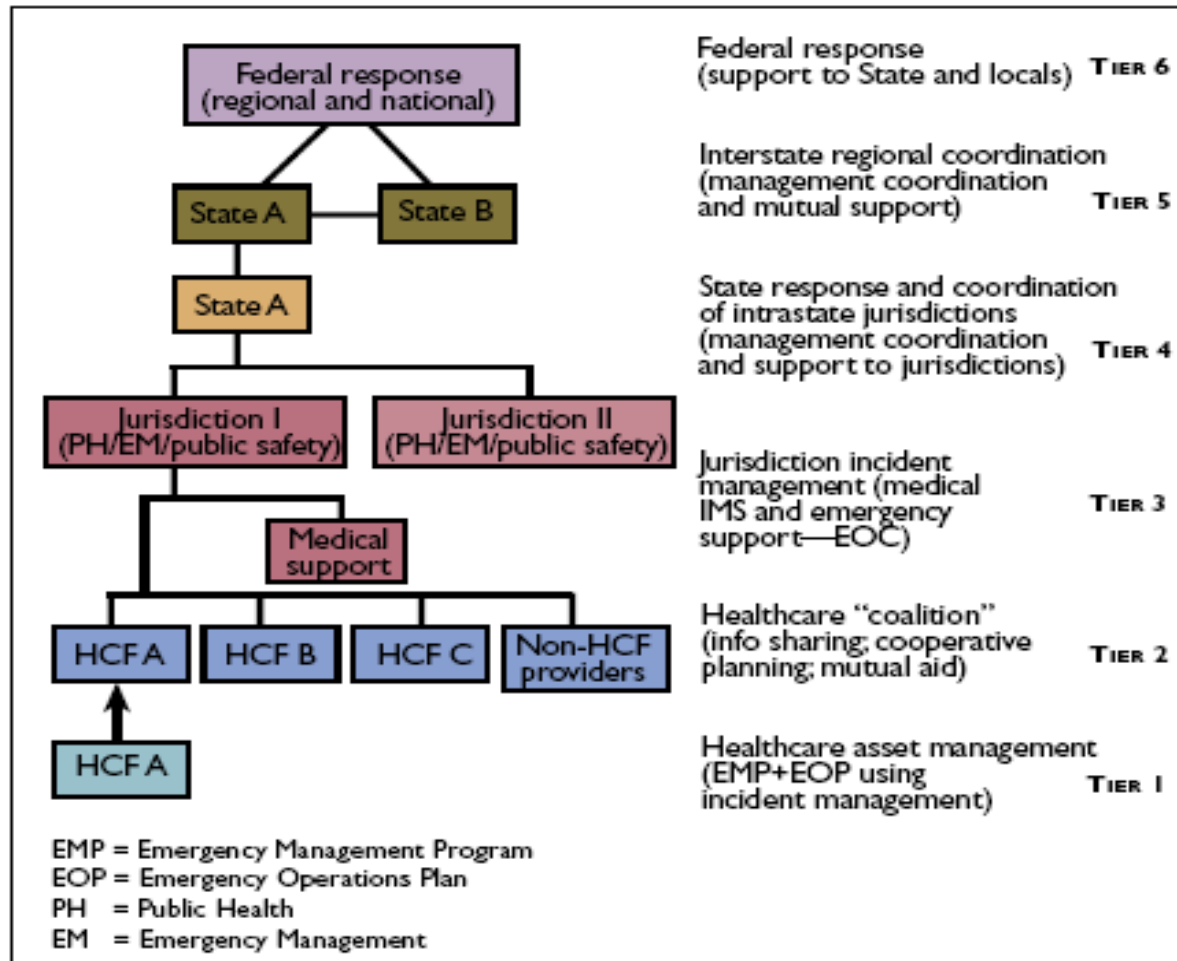
King County (Seattle), WA

- 1.8 million people
- 13th most populous county in the nation
- 39 cities, 120 special purpose districts
- 2 Tribal Nations
- 18 hospitals with EDs
- 5 Specialty Hospitals
- 30 Community Health Clinics
- 1,100 Long Term Care Facilities
- 7,000 home care and home health patients



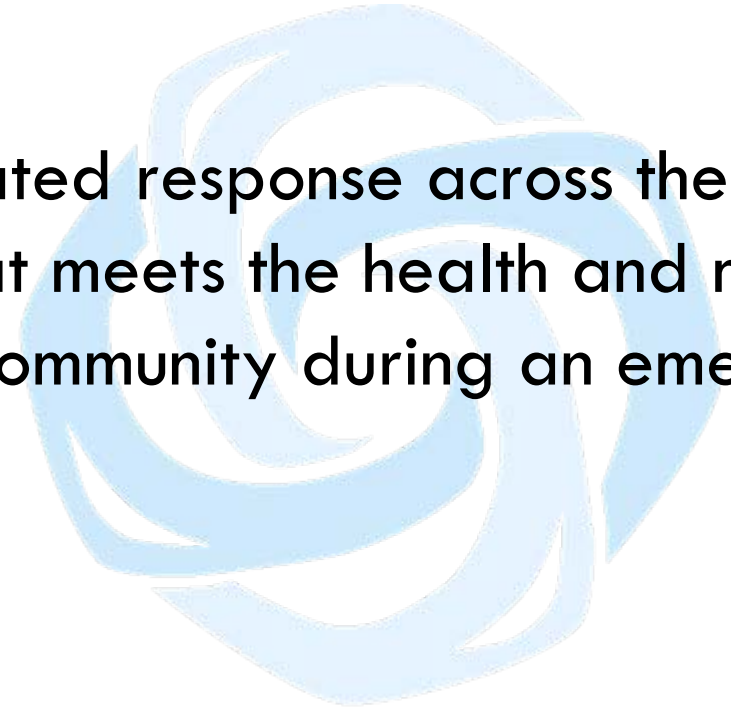
Medical Surge Capacity & Capability

Figure 1-2. MSCC Management Organization Strategy



❖ Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies

Vision...



A coordinated response across the continuum of healthcare that meets the health and medical needs of the community during an emergency

What is the King County Healthcare Coalition?



- The King County Healthcare Coalition is a network of healthcare organizations and providers that are committed to coordinating their emergency preparedness and response activities
- The purpose of the Coalition is to develop and maintain a comprehensive system that assures coordination, effective communications, and optimal use of available health resources in response to emergencies and disaster for all hazards

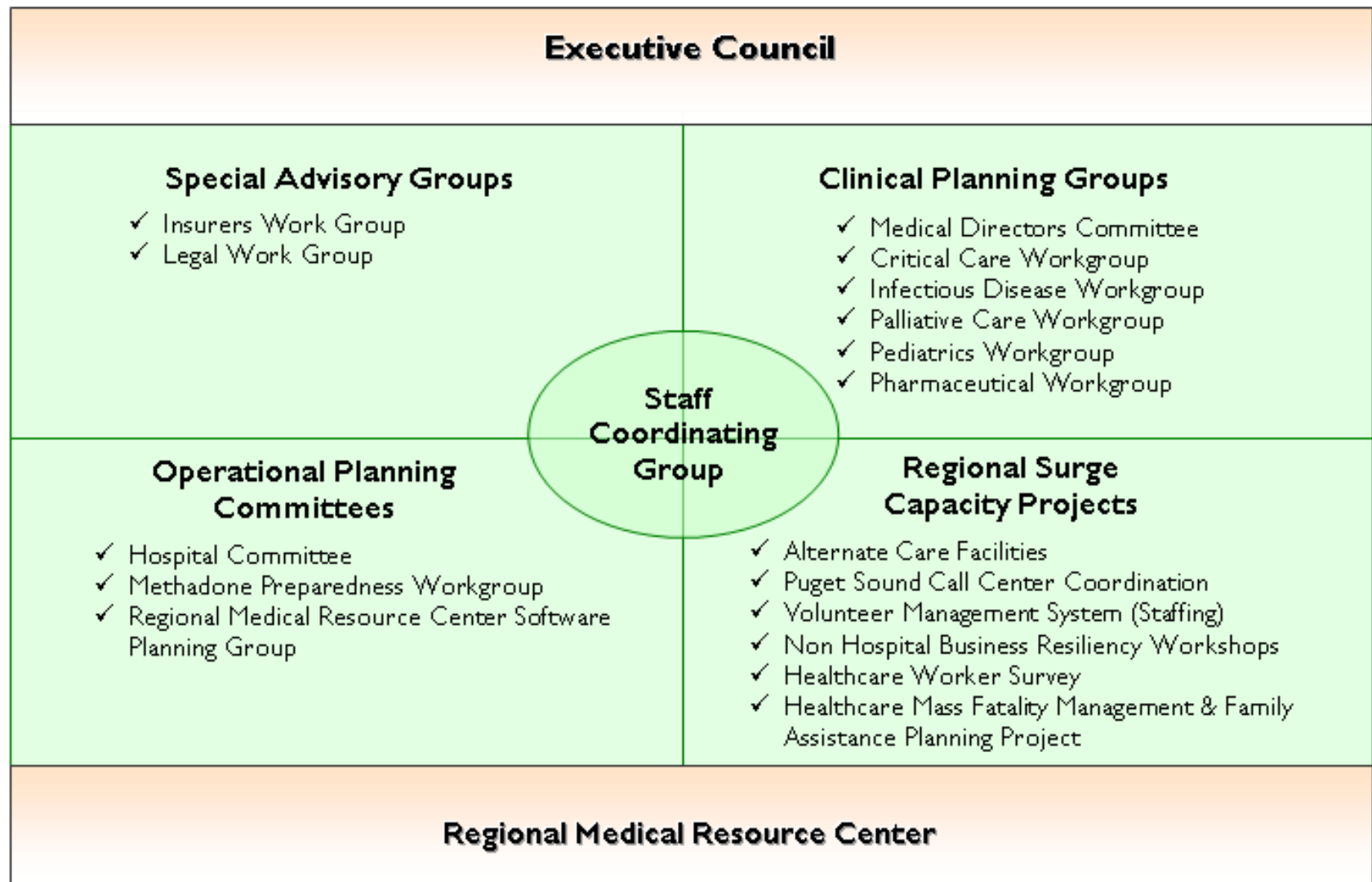
Coalition - Background



Prepare. Respond. Recover.

- More than 60 member and partner organizations
- Member organizations represent the continuum of care
 - *Hospitals, Medical Groups , Safety Net Providers, Tribal Clinics, Pediatric Providers, Home Health and Home Care, Long Term Care, Mental Health, Specialty Providers – Dialysis, Blood, Poison Center*
- Governed by an Executive Council
- *Staffed by Public Health – Seattle & King County and experts in the community*
- Funded by local and federal resources

Healthcare Coalition Preparedness Structure



Preparedness Roles



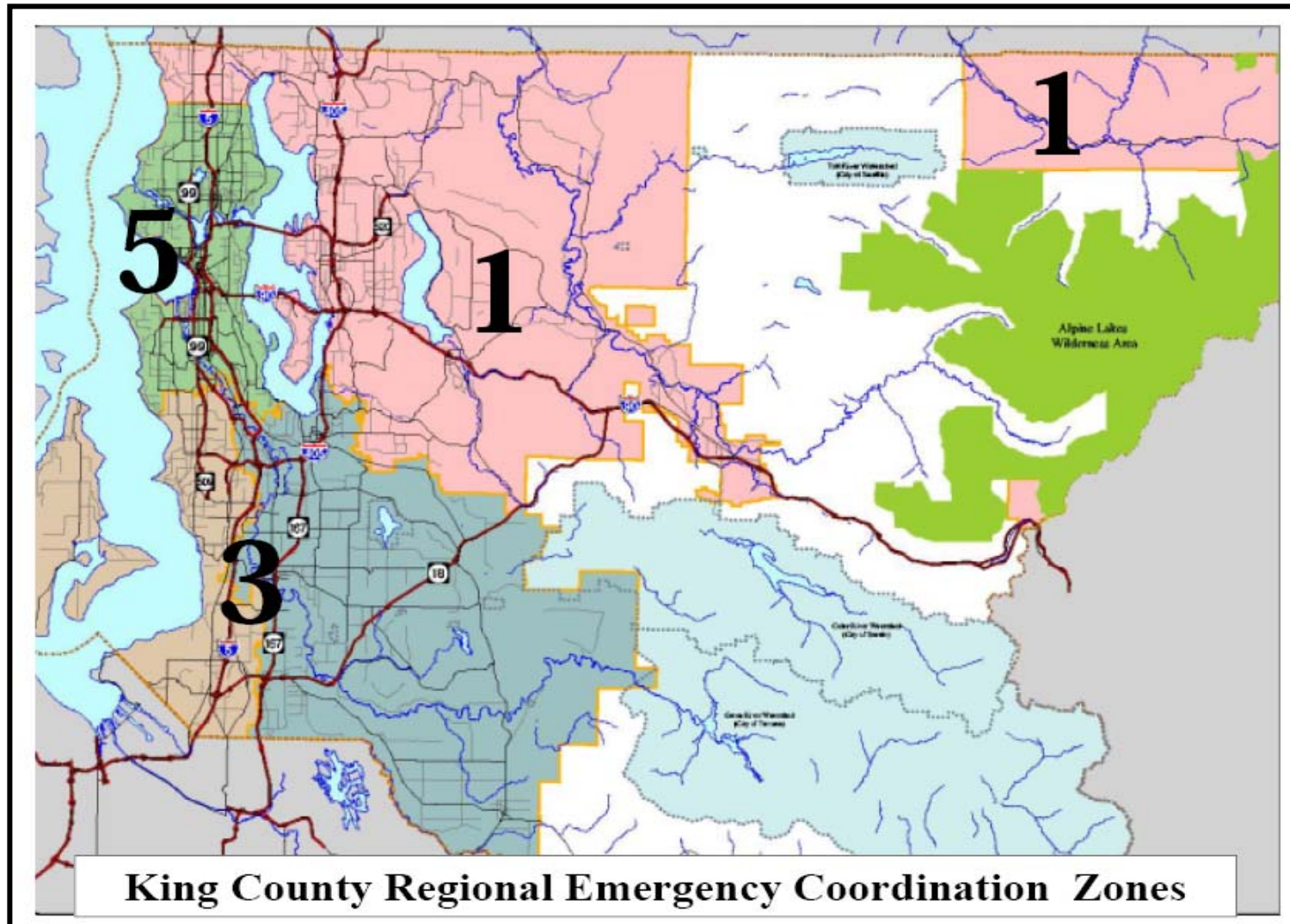
Regional

- Surge Capacity and Capability Planning
 - Alternate Care Facilities
 - Call Center Coordination
 - Volunteer Management System
 - Regional Evacuation Planning
 - Healthcare Worker Survey
 - Pediatric, Palliative Care, Mental Health
- Training and Exercises Coordination
- Regional Medical Resource Center
 - Critical Infrastructure Planning
 - Communications and Coordination
 - Resource and Information Management
 - KCHHealthTrac Management

Alternate Care Facility

- Up to 3 ACFs will be established (one per fire zone)
 - ▣ Maximum capacity of 250 inpatients per facility.
 - ▣ Primary and secondary identified
- Scope of Care:
 - ▣ Non-life threatening urgent care
 - ▣ Support for patients with chronic medical conditions whose medical needs preclude shelter within traditional shelters
 - ▣ Provision of non-complex acute/chronic medical care needs for people transitioning from hospital inpatient sector
 - ▣ End-of-life care
 - ▣ Post-event exposure screening
 - ▣ Countermeasure distribution
 - ▣ Prescription refill services

Emergency Coordination Zones



Alternate Care Facility

- Triggering Events:
 - ▣ Acute surge in medical needs of community for an extended duration.
 - ▣ Reduction in healthcare infrastructure for an extended duration.
 - ▣ Reduction in healthcare infrastructure requiring a medical collection point prior to regional evacuation.
- Current Planning Objectives:
 - ▣ Establish administrative structure for ACFs
 - ▣ Complete facilities plans
 - communications, layout, security, infection control, etc.
 - ▣ Establish policies and procedures regarding scope of care
 - ▣ Establish equipment and supply lists; procure same
 - commensurate with established scope of care
 - ▣ Establish modular staffing model
 - ▣ Broaden coordination and communication with partnering agencies

Call Center Coordination



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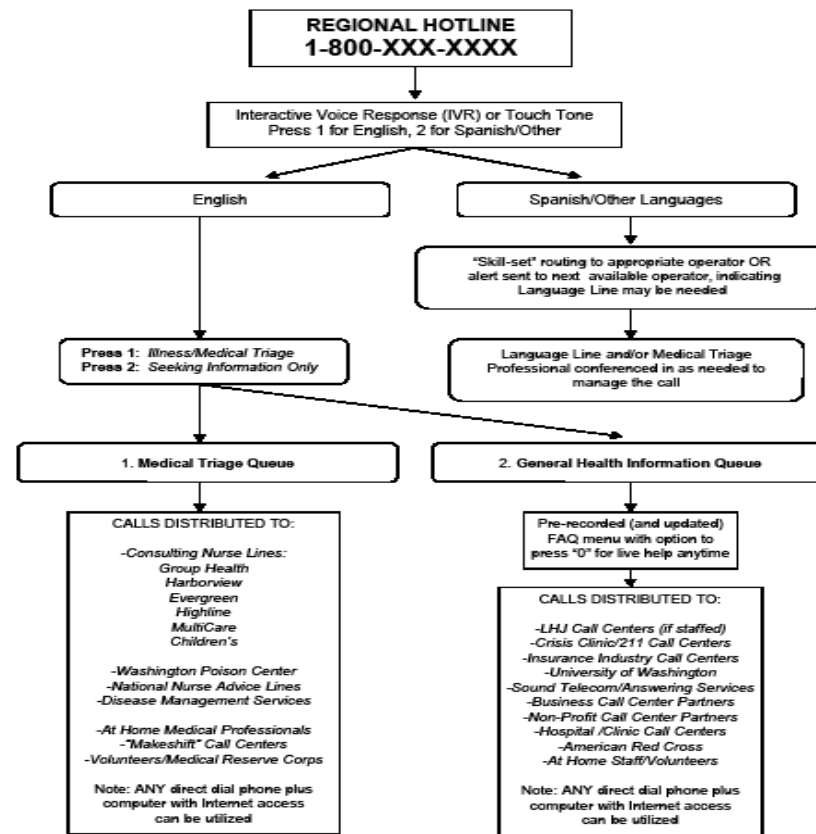
A consortium of call centers networked to provide medical phone triage as well as to disseminate up-to-date public health information in King, Pierce and Snohomish counties

Project objectives:

- ▣ Accurately triage people with medical needs and direct them to the most appropriate source of care.
 - *Reduce number of outpatient visits*
 - *Reduce transmission of contagious diseases*
 - *Support care at home*
- ▣ Provide up-to-date information for the public regarding pertinent health issues and interventions during emergencies.
- ▣ Handle 35,000 – 45,000 calls per day

Call Center Model

DRAFT - PUGET SOUND CALL CENTER COORDINATION PLAN Activated in the Event of a Major Public Health Emergency

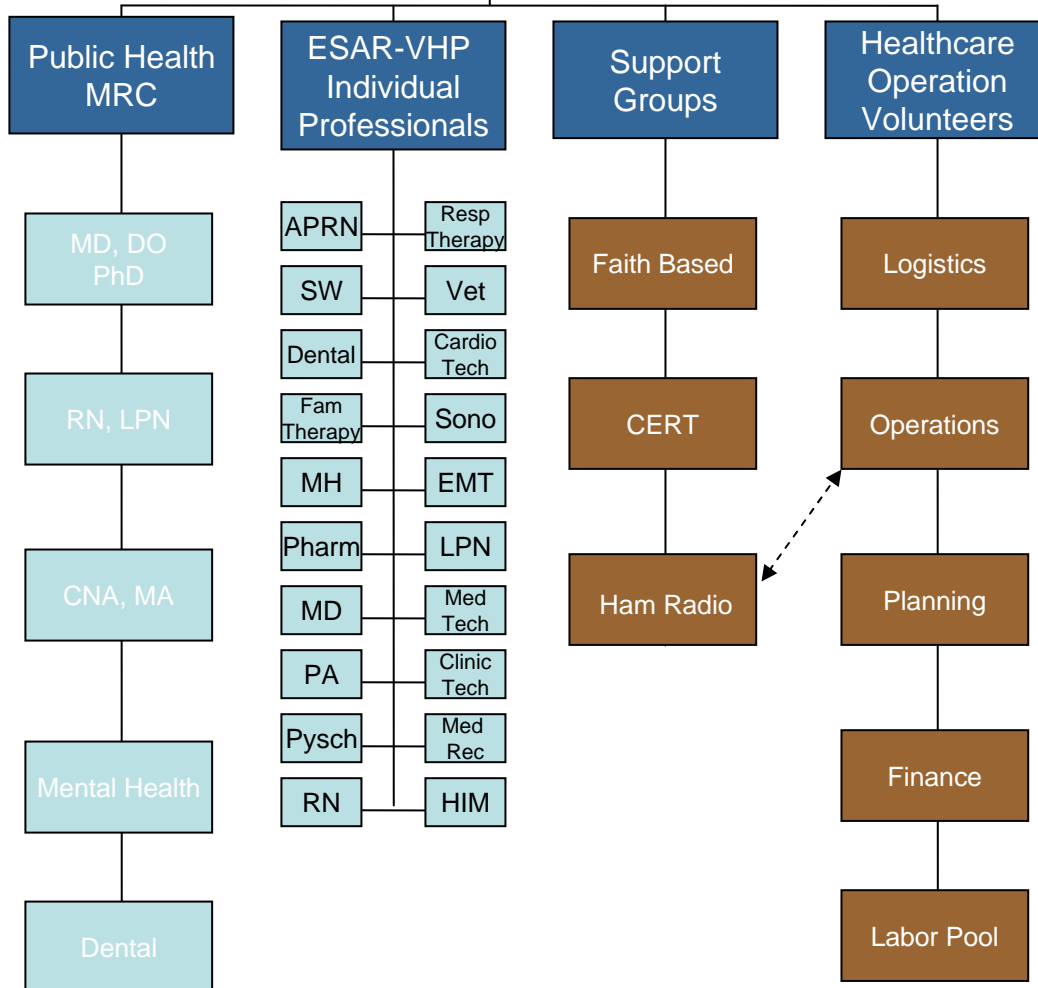


Volunteer Mgmt. System

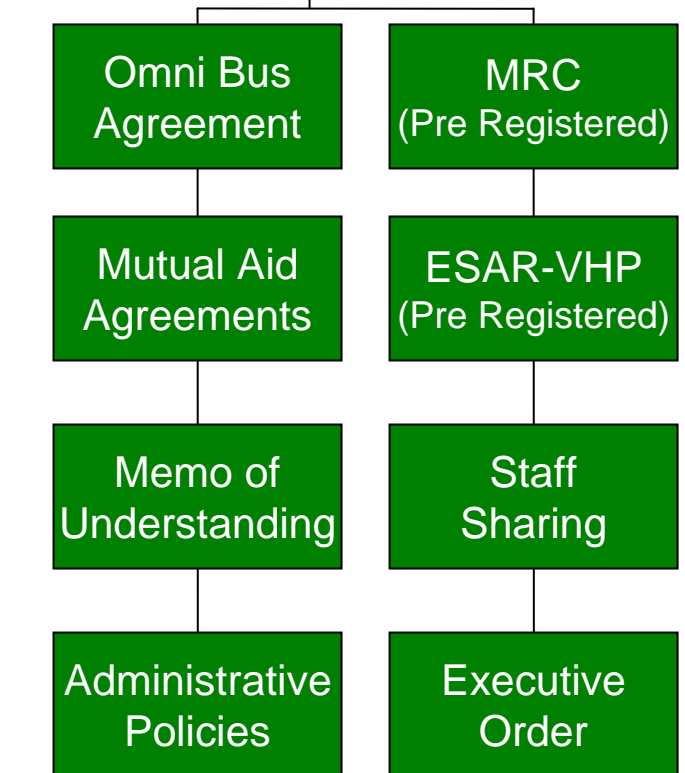
- Overarching management system of health and medical volunteer support within the region to assist in the health and medical response.
 - ▣ Medical Reserve Corps
 - ▣ Volunteer groups - faith-based, professional and healthcare organizations
 - ▣ Spontaneous volunteers
 - ▣ Non-medical labor pool
- Goals
 - ▣ Staff a 250-bed Alternate Care Facility
 - ▣ Comply with the Emergency System of Advanced Registration of Volunteer Healthcare Professionals (ESAR-VHP)
 - ▣ Incorporate faith-based, professional and other volunteer groups to facilitate disaster response
 - ▣ Respond in King County and offer assistance across the region and nation

VMS

Staffing

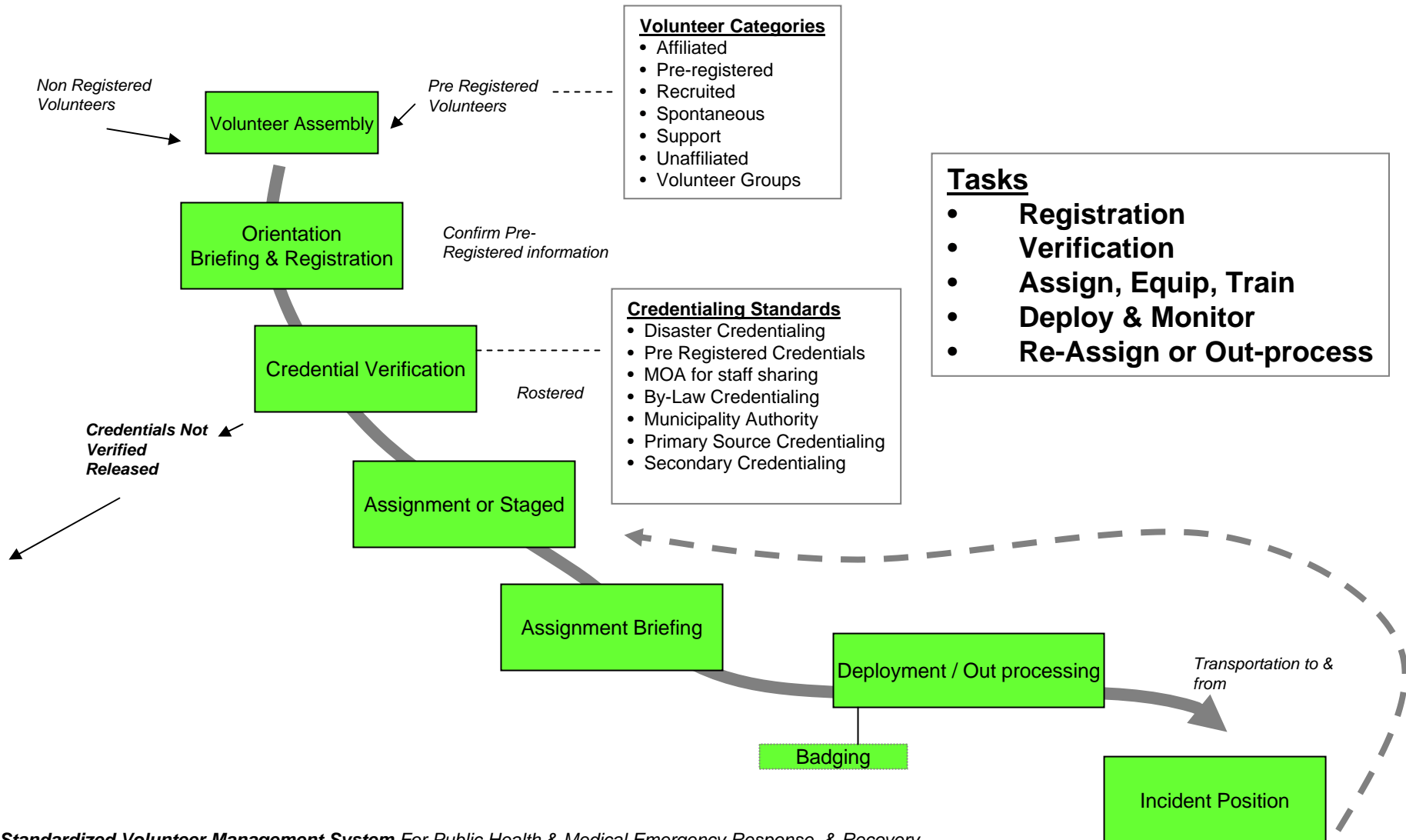


Facilitation



Volunteer Management Processing Route

Institute for Crisis, Disaster, and Risk Management, The George Washington University





KCHHealthTrac is an Incident Management software system designed to support the Health & Medical Response and Healthcare Coalition members and partners.

System Specifications

- ❑ Web-Based System
- ❑ Remote Hosted (Minneapolis & Chicago)
- ❑ 24/7 Server Monitoring
- ❑ 24/7 Tech Support for System Administrators
- ❑ Unlimited Logins
- ❑ HIPAA Compliant
- ❑ Outright Purchase with Yearly Support Subscription

System Capabilities

- ❑ Bed Tracking & Facility Status
- ❑ Resource & Pharmaceutical Tracking
- ❑ Regional Event Alerting
- ❑ Document Storage and Sharing
- ❑ On-line Chat Room/Forum
- ❑ GIS Mapping
- ❑ Reporting & Exporting
- ❑ Contact Management

Preparedness Roles

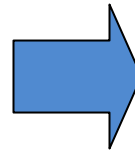


Organizational

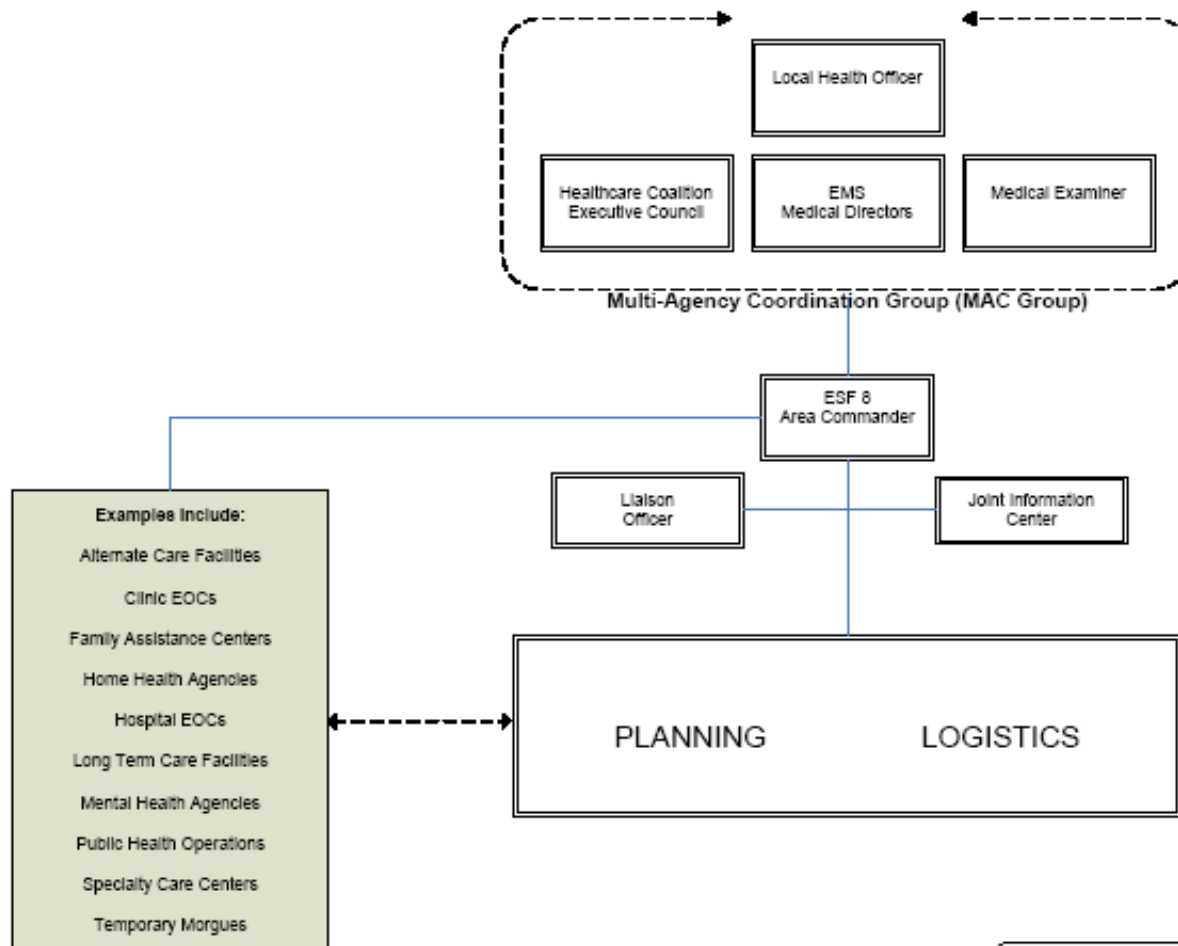
- Surge Capacity and Capability Planning
 - Bed/Client Capacity
 - Resource Acquisition and Management
 - Pandemic Flu, Evacuation, etc.
 - Antiviral/Vaccine distribution
- Training and Exercises Coordination
 - Communications Redundancy
 - NIMS Compliance
 - Facility Evacuation
- Continuity of Operations Planning
 - Staff Redeployment
 - Critical Infrastructure
 - Memoranda of Understanding

Every year healthcare standards get more rigorous
and more community-based

- Regional Medical Resource Center
- Alternate Care Facilities
- Call Center Coordination
- Coalition Committee Meetings
- Regional Trainings & Exercises
- Communications and Coordination



**The Coalition assists
organizations in meeting
over 50% of Joint
Commission emergency
management standards**



Health & Medical Area Command Structure (ESF-8)

Coordination Relationships -----
Lines of Authority _____

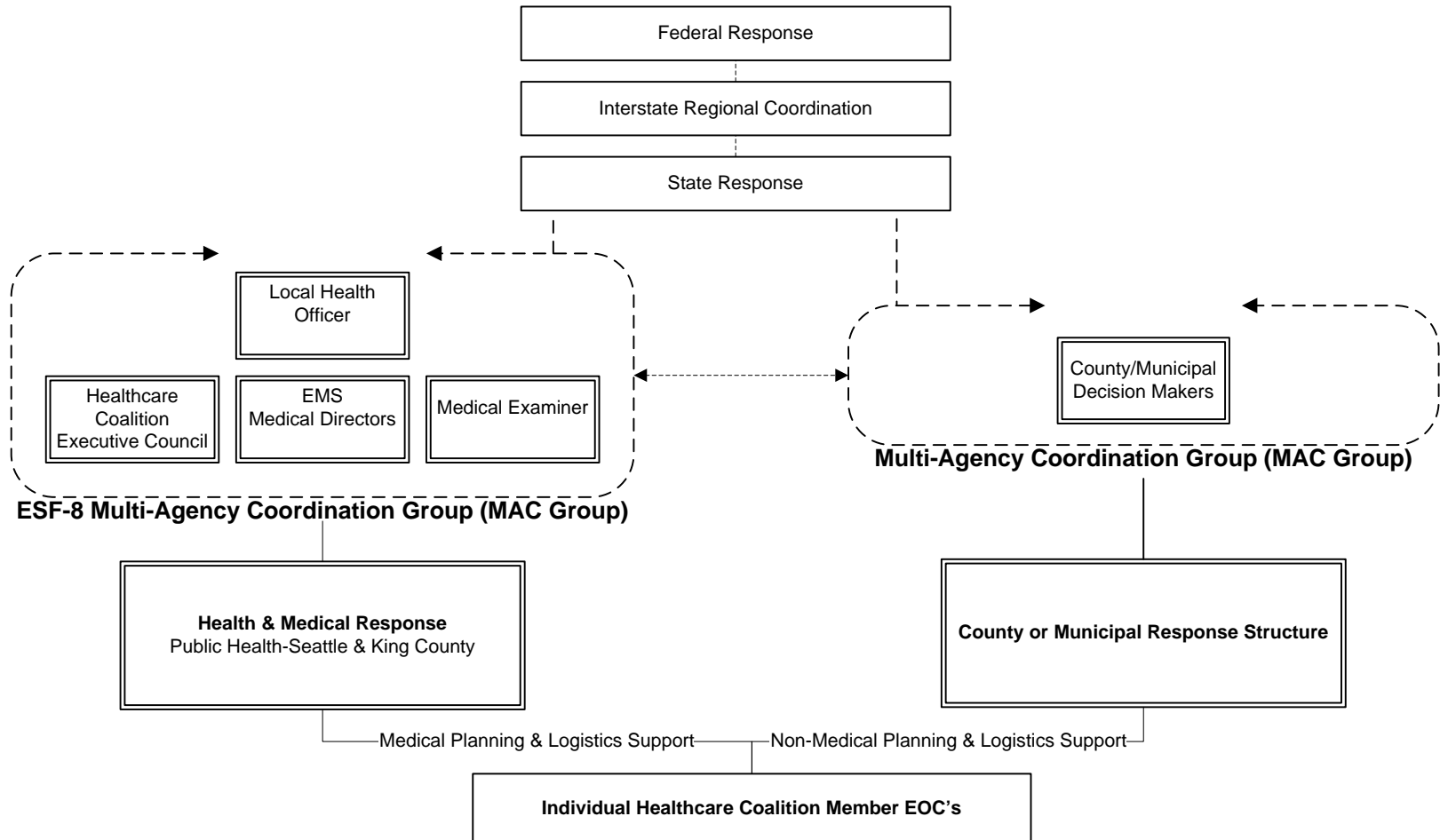
A Coordinated Response

- Needs:
 - ▣ Communications Coordination
 - ▣ Information Management
 - ▣ Situational Awareness
 - ▣ Resource & Pharmaceutical Tracking
 - ▣ Contact Management
 - ▣ Alerting Capabilities for Response Partners
- Solution: KCHealthTrac

Health and Medical Response Command Structure

- ❑ Coordinate and implement system-wide policy decisions during emergencies
- ❑ Incorporate the continuum of care into decision making and response
- ❑ Acknowledge the Local Health Officer as the lead decision maker for the countywide health and medical response

Coordinating with the broader emergency response



Healthcare Coalition Response Roles



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- Provide a structure for addressing issues that affect the ability of healthcare providers to respond to an emergency
- Participate in the Multi-Agency Coordinating Group (MAC) through the Executive Council
- Maximize the health system's emergency response capacity by sharing information and resources through the Health and Medical Area Command
- Update organizational status through KCHealthTrac

- **Surge Capacity and Capability**
 - ▣ Alternate Care Facility Operational Plan and Budget
 - ▣ Call Center Coordination Platform
 - ▣ Begin development of Volunteer Management System
 - ▣ Hospital ED “Saturation” planning
 - ▣ Healthcare fatality management
- **Training & Exercises**
 - ▣ KCHHealthTrac training
 - ▣ Regional exercises that test alternate care facilities, organizational dispensing plans and mass fatalities
- **Regional Medical Resource Center**
 - ▣ Rollout KCHHealthTrac to healthcare system
 - ▣ Educate partners on RMRC roles and procedures

- **Continuity of Operations Planning**
 - ▣ Non-Hospital Providers
 - ▣ Small Grant Awards and Business Resiliency Workshops
 - ▣ Healthcare worker survey on reporting to work in emergencies
- **Healthcare Worker Survey on Reporting to Work in Emergencies**
 - ▣ In collaboration with the Northwest Center for Public Health Practice (NWCPHP) and Group Health
- **Healthcare Coalition Program Evaluation**
 - ▣ In collaboration with the NWCPHP



- Monthly Newsletter
- Monthly Calendar of Events
- Annual Report
- Website

<http://www.metrokc.gov/health/hccoalition/>

Healthcare Coalition Team



Prepare. Respond. Recover.

□ Staff

- ▣ Cynthia Dold, Coalition Program Manager
- ▣ Que Mathis, Program Assistant
- ▣ Onora Lien, Special Projects Manager
- ▣ Bryan Heartsfield, Field Operations (ACF & VMS)
- ▣ Danica Mann, Training & Exercise Coordinator
- ▣ Amy Eiden, Legal Work Group
- ▣ Carlos Dominguez, Long Term Care & Home Health Planner
- ▣ Michelle McDaniel, Mental Health Planner
- ▣ Lydia Ortega, Contracting and Grant Support
- ▣ Joe Cropley, Puget Sound Call Center Coordination Manager
- ▣ Allison Schletzbaum, Regional Medical Resource Center Manager/KCHealthTrac
- ▣ Kay Koelemay, MD, Pediatric /Palliative Care Planner
- ▣ TBH, Ambulatory Care Planner

Contact Information



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